

STATEMENT OF UNDERSTANDING FOR
NAVAL RESERVE OFFICERS TRAINING CORPS NURSE APPLICATIONS

Privacy Act Statement

Authority: The authority to request this information is contained in: 5 USC § 301 (Authorizing Forms and Regulations) and Executive Order 9397.

Principal Purpose(s): The information you provide will be used to determine whether you qualify, and should be nominated for, an Naval Reserve Officers Training Corps (NROTC) Scholarship, Nursing Corps Option. If you are nominated, the information will be used to enroll you into NROTC Nursing program and will be used by the Navy in its management of the NROTC Nursing program.

Routine Use(s): Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 CFR § 701.112, accessible at <http://www.privacy.navy.mil>. If you are nominated for an NROTC Nursing Corps Scholarship, the information will be released to the five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.

Disclosure: Providing the requested information is voluntary. However, failure to do so may result in our inability to process your application for the NROTC Nursing Corps program.

Please read and initial by each of the statements below.

1. _____ I certify that all of the information that I provided in the electronic application is complete and correct to the best of my knowledge.
2. _____ I certify that I have no moral obligations, personal convictions or beliefs, which would prohibit my serving in a military status. This includes supporting and defending the Constitution of the United States against all enemies foreign and domestic.
3. _____ I certify that I composed the essay(s) submitted with my electronic application.
4. _____ I certify that I desire to apply for the Navy Nurse Corps NROTC Scholarship Program. I understand that by applying to this program, I will not be considered for the regular NROTC Scholarship Program. I understand that if I am selected for a scholarship, I must major in nursing and any attempt to change my major to something other than nursing will result in loss of scholarship benefits. Also, I understand that this program is for obtaining a degree in nursing only, not medicine.
5. _____ I understand that the information that I have provided electronically is only a partial application and that I must complete all additional requirements and achieve qualifying SAT/ACT scores or be in the top 10% of my graduating class before my application will be processed.
6. _____ I understand that if any of the information provided is inaccurate, false or misleading, it may jeopardize my chances for selection for an NROTC Scholarship or render me ineligible for the scholarship.

SIGNATURE OF WITNESSING OFFICIAL

SIGNATURE OF APPLICANT

PRINTED NAME OF WITNESS

PRINTED NAME OF APPLICANT

DATE

DATE